Filing Date **Application Number CLAIMS ONLY** Applicant(s) \* May be used for additional claims or amendments AFTER FIRST -CLAIMS AS FILED -AFTER SECOND **AMENDMENT AMENDMENT** Depend Depend Indep Indep Depend Indep Indep Depend Depend Indep Indep Depend 13-٠, .39 \_ Total Total Indep Indep Total Total Depend Depend Total Total Clalms Clalms